



Commonwealth of Virginia  
Board of Towing and Recovery Operators  
c/o Department of Motor Vehicles  
Post Office Box 27412  
Richmond, Virginia 23269-0001

Web Site: [www.btro.vi.virginia.gov](http://www.btro.vi.virginia.gov) Email Address: [btro@btro.virginia.gov](mailto:btro@btro.virginia.gov)

**GENERAL INSTRUCTIONS**

1. Use this form when reporting an unlicensed tow operator or uncredentialed driver in Virginia.
2. Complete as much information as possible and attach any additional documents or explanations regarding your report.
3. Mail completed form to the above address, send via email to [btro@btro.virginia.gov](mailto:btro@btro.virginia.gov), or via facsimile at (804) 367- 0718.
4. Information contained in this form may be disclosed to others if the Board finds that there were violations of the statute and regulations governing the operation, management, or conduct of towing and recovery operations in the Commonwealth.

**REPORT AN UNLICENSED OPERATOR OR UNCREDENTIALLED DRIVER**

*If you want your Report to remain anonymous, please note so under the "Name" category below. Please be aware that if we are not able to reach you for follow up questions or information, we may not be able to investigate the Report in its entirety.*

<b>PERSON FILING REPORT</b>	<b>Name (First, Middle, Last)</b>		<b>Preferred Contact No.</b>	
	<b>Mailing Address (Post Office Box No. or Street Address)</b>		<b>Facsimile No.</b>	
	<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>Email Address</b>
<b>UNLICENSED TOW AND RECOVERY OPERATOR INFORMATION</b>	<b>Name of Company or Owners Name</b>		<b>Office Contact No.</b>	
	<b>Mailing Address (Post Office Box No. or Street Address)</b>		<b>Alternate Contact No.</b>	
	<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>County/City Where Tow Vehicle Operates</b>
	<b>Year, Make and Model of the Tow Vehicle</b>	<b>License Plate No. of the Tow Vehicle</b>	<b>Provide the Year, Make and Model of the Vehicle Being Towed</b>	
<b>REPORT OF DRIVER NOT AUTHORIZED TO DRIVE</b>	<b>Name of Driver</b>		<b>Telephone Contact No.</b>	
	<b>Mailing Address (Post Office Box No. or Street Address)</b>		<b>Locality Where Driver Is Operating</b>	
	<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>County or City Where the Driver Resides</b>
	<b>Is the driver an employee or performs towing on behalf of a Tow Operator?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>			
	<b>If yes, please provide the name and contact information for the Tow Operator.</b>			
	<b>Name of Operator:</b> _____ <b>Contact Information:</b> _____			

**NOTICE**

The information requested on this form and on any subsequent requests for additional information are subject to the Virginia Government Data Collection and Dissemination Practices Act. (See. Code of Virginia § 2.2-3800, et seq.)

All information provided to the Board is available for public inspection under the Virginia Freedom of Information Act, § 2.2-3700, et seq., Code of Virginia, except in the case of ongoing investigations, provided that information disclosing business records of licensees, business interests of any person, trade secrets, or the names of customers shall be held confidential to the extent permitted or required by laws of the Commonwealth of Virginia, and except to the extent that disclosure of such matters may be necessary for the enforcement of laws. Closed complaints will be retained for three years after closure and then destroyed. For this reason we ask that you do not provide us with your Social Security Number or with any other personal financial information unrelated to this complaint

10/15/2010